

TO : CACEIS Bank Luxembourg Branch
FUND DISTRIBUTION SERVICES
FAX : + 352 4767 7037
TEL : + 352 4767 5999

SUBSCRIPTION and REDEMPTION ORDER FORM

Fund Name:

Investor Name	Investor Client Account	Fund Class Name	ISIN Code	Transaction Type SUB or RED	Number of shares/Units	<u>Or</u> order amount	Payment currency
					_____,____	_____,____	

Please use dots to separate thousands and commas to separate decimals.

Signature 1 -----

Name: _____

Title: _____

Date: _____

Signature 2 -----

Name: _____

Title: _____

Date: _____